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...TION AND BASELINE RESEARCH IN RAPE PREVENTION[a]

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The description of research activities in rape should begin by reporting on the organizational model for the interdisciplinary study of rape. At the Univeristy of Alabama, the Rape Research Group (RRG) consists of a half-dozen people who work together on a continuing basis. Faculty and students in the psychology department and a number of other people from other departments of the Univessity join on individual projects. The problem under study determines which people will participate at any given time.

...es by combining paid and volunteer staff, ...and non-psychologists, drawing from each ...ability, givein credit and pay to each ...contributions. No degrees are offered. ...tructure is present. There are no officers, ...part-time coordinator (SHK). While money ...ort most of the RRG activities, there is no budget.

...ch Group itself serves a clearing house ...lans and rape crisis center workers around ... call asking what we know about training of

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[a]Presented at a ... Symposium on Rape: Victimization and Prevention, ... Annual Convention of the American Psychological Association, ...shington, D.C., September 5, 1976.

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volunteers, effects of hitchhinking, the treatment of sex offenders, or a myriad of other topics. We ask them to exchange knowledge, to tell us what they know, while we share whatever we know. At the same time we are involved in a number of action programs with the legislature, with starting rape crisis centers in Alabama, and working with the Rape Relief service in Tuscaloosa.

After hearing and reading about the traumatic effects of rape on victims and the fears women have about the possibility of being raped, our group has devoted part of its energy to prevention. Until recently, literature on prevention has been primarily concerned with providing information to women on avoiding rape. Attention was focused on the woman's responsibility; advice was given to stay out of dark streets, not to hitchhike, to walk with a friend, and to lock doors securely. A second line of traditional preventive advice has been directed at ways women can escape from, divert, or minimize the effect of an attack once confronted with a would-be rapist. Advice offered has ranged from screaming and running, to talking with the assailant, to administering a well-placed kick.

In attempts to find prevention techniques that are likely to be most successful, members of Rape Research have undertaken a number of studies. Simulations and prototypical situations have been developed and victims, rapists, activists, and citizens-at-large have been asked what they would do or say.

Let us note the procedure and the rationale for simulation studies. We grow incredibly weary of people who do research studies on attibution of guilt in which they contrast whether less guilt is attributed to a Florence Nightingale victim, altruistically dedicating her life to helping people, than to a prostitute who at one time ran a Nazi concentration camp and in her spare time served as a Mafia hit-person. This is the traditional and prototypical type of simulated jury research on rape. Since rape knowledge and research have expanded enormously, it seems that the content of simulations should expand beyond this simplistic "what if" model. Somebody should, after we finish talking, say, "The same kinds of criticisms can be made of aspects of your simulation studies." The answer is, "Sure, and we will critique some of them ourselves."

Verbal Deterrence

In the first study we were interested in the pre-rape interaction between the assailant and his victim immediately preceding the sexual assault (Brodsky, 1976). What does she say, what are her efforts to prevent the act, how well do they work, how does he respond? In these cases, we assumed that there was no opportunity for physical escape, and the woman chose to attempt to verbally dissuade her potential attacker.

We conducted a thorough literature review of verbal responses made by victims and potential victims in the pre-rape

situation, looking in particular at case reports (e.g. MacDonald, 1971). The women's responses fell into 9 basic typologies, varying from the interpersonal liaison in which the women tried to become friends and talk the man out of it, to the woman who verbally rejects or attacks him with statements like "Get the hell out of here."

The remaining seven categories were:

1. Self-punitiveness ("I'll kill myself if you do this;" "I'll never be able to live with myself."
2. Body weakness (statements of illness, cancer, pregnancy).
3. Virginity.
4. External influence or distraction ("My boyfriend will be here any moment.")
5. Moral appeal or conscience-surrogate ("It's the wrong thing to do;" "What would your mother think?")
6. Simple acquiescence with appeal (I'll do anything you say. Please don't hurt me.")
7. Ambivalent refusal with acquaintances (presents only with men known to the victim. This response was considered to be primarily a product of the ongoing interaction).

Actors and actresses from the University of Alabama Theatre rehearsed and role-played in order to develop presentations of these prototypical efforts. Finally, two types of videotype scenarios were recorded. Eight were objective camera in which the viewer observed the pre-rape interaction between the victim and attacker. The other twelve scenes were subjective camera scenes in which the camera (and by extension, the viewer) becomes the potential assailant to whom the actress is speaking. All scenes were stopped or edited before the viewer had any information of the success of the woman's effort to deter the rape.

These 20 scenes were shown to a number of groups: convicted rapists, staff members in a sex offender treatment program, and individuals attending a national conference on rape research and prevention. There was a great difference between the comments of the rapists and those of the other two groups. Conference participants gave the highest deterrence potential to use of verbal attack or active discouragement by the potential victim, with pleas of physical weakness and virginity rated next most effective. Treatment personnel placed a high value on the development of a personal relationship. However, the ratings of neither group were high enough to indicate that they felt that any of the responses would have even medium effectiveness.

The body weakness videotape was viewed by the rapists as a powerful prevention measure. This particular scene was played tearfully and dramatically by the actress. The actress pleaded that she had just been released from the hospital and was fearful that she would never have a baby.

Several of the highest ratings given by rapists were for scenes of acquiescence and ambivalent refusal, both rated low by the other two subject groups. The accompanying comments of the rapist subjects indicated that they perceived much genuineness and meaningful personal contact in the responses. The rapists also gave ratings substantially lower than the other groups for verbal attacks and aggression. A sizable portion of the rapist sample indicated that such a response was provocative and exciting.

From the rapists' personal statements, two types of psychological stances appeared. On the one hand was the dominant, aggressive, highly assaultive rapist, who indicated that resistance and verbal attacks by a woman only served to sexually excite him and encourage him more to violence. Some of these men indicated that passivity, crying, signs of personal weakness and distress would distract them or turn them away from their act.

On the other hand, almost an equal number of men reported that the signs of weakness, personal distress, and passivity served to increase their sexual excitement. They had been very tentative in their approaches toward women. These men stated that they would have been stopped by aggressive or forceful refusal by the women.

Based on the preliminary findings of this study, a strategy is suggested. If the rapist approaches with great verbal or suggested physical aggression or antagonism, then crying, signs of weaknesses, protests about body difficulties, and open exhibition of great personal distress may be useful. With these men there is a lower success likelihood of active, verbal resistance. On the other hand, in response to men who are highly tentative, relatively more polite, and who have preceded the actual rape threat with a number of preliminary conversations and tentative judgments about the woman, the woman may be well advised to try active rejection and verbal or physical attack. These latter results are consistent with Selkin's report (1974) that explicit unavailability,

communicated from potential victim to assailant, is an effective rape prevention method.

Rapist Typologies

In a second study in progress, the Rape Research Group is studying typologies of rapists. In the first phase, eleven major types of rapists, varying in degree of aggressiveness and method of assault, have been identified. The categories include:

1. Opportunism and male bonding
2. Intense anger and sexual arousal
3. Degradation of women
4. Victim enjoyment and arousal
5. Ambivalence between victim blame and personal guilt
6. Self-initiated and instrumental acts.
7. Opportunism
8. Authority relationships (victim known to assailant)
9. Personal--social
10. Sexual indignation and justice
11. Offer of help as entre" to sexual assault

Typical scenes were obtained from case reports in the literature, and by interviewing convicted rapists. As part of describing their acts, a number of offenders verbally recreated some of their sexual assaults before a movie camera. Trained actors, having seen the films, were themselves filmed replicating the eleven assault attitudes. This second step was taken to insure the privacy of the offenders. The eleven videotape scenes are being evaluated by convicted rapists for accuracy of the prototypes compared to their own experiences. Finally, the completed scenes will be used as stimulus materials to investigate both the proposed typology and changes in citizen attitudes toward sexual assault.

Baseline Studies

Baseline research in rape prevention involves compiling known facts about the assault situation, about the events surrounding the situation, about the victim, the assailant, and the subsequent responses of medical and criminal justice systems. The project of this type in which we are currently involved is to compile a comprehensive annotated bibliography and analysis of all the English language literature on sexual assault published since 1965[b]. Included in the scope of the bibliography are the assault itself, broadly defined to include anal rape and other forms of sexual abuse; child and adult, male and female victims; the offender and the reaction of the community. (See the appendix for the literature taxonomy we have prepared).

We hope to be able to identify 1) overall strengths, weaknesses, emphases, and information gaps in the literature; (2) areas in which development of new knowledge may be most beneficial over the next five years; and (3) trends reflected in the literature that are having or potentially may have an impact on the field.

The second type of ongoing baseline research focuses on the rapist in order to identify psychological and social factors influencing his inappropriate expression of sexuality and agression. Before prevention techniques directed toward the rapist can be developed and evaluated, their motives and

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[b]The project is sponsored by Contract, No. NIMH-278-76-0031, with the National Institute of Mental Health.
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dynamics have to be understood.

We are particularly interested in testing the often expressed view that rapists have a psychopathological hatred of women, and the act of rape reflects a societally deviant view of women and rape. The contrasting theoretical perspective is that rapists act in exaggerated accord with culturally normal views of women and sex taught them by a woman-demeaning society. There have been few empirical tests differentiating this issue. Starting at an obvious point, we administered the Attitudes Toward Women Scale (AWS) (Spence, Helmreich, and Stapp, 1973) and the Open Subjugation of Women Scale (OSW) (Nader and Morrow, 1959) to small groups or rapists, child molesters, and police. Both scales assess traditional versus non-traditional views of women, and the AWS has considerable normative data available.

There were no significant differences in groups on the Open Subjugation of Women Scale. All the subjects took a moderate position with regard to favorable and non-favorable attitudes toward women. On the Attitudes Toward Women Scale, rapists were found to hold significantly less traditional attitudes than either police or child molesters. However, all the group scores on the AWS again were in the middle range of possible scores. The mean scores of rapists (50.42); child molesters (43.25); and police (38.73) are near the mean of 44.8 obtained by Spence and Helmreich for a college male sample.

This finding that rapists hold less traditional views of women than do other groups of men was intriguing. The similarity of rapists to men-at-large on the AWS and OSW scales offers

some preliminary support to the societal-blame model of rape causation.

A glance at patterns of responding to individual items on the scales indicated wide variability of responding, both across and within groups. No group responded in a consistently traditional or non-traditional fashion. In this case, it would seem appropriate to look at rapists' views of women in specific areas, such as sexuality, passivity, and aggression. It is possible that rapists view women as objects of sexual advances and as partners in sex in ways different from men who do not commit rape.

Research needs in the area of prevention are extensive. The literature in the area has been exhortive more than evaluative, and based on educated guesses. As the scope of prevention studies expands, more information can be gathered from victims, successful avoiders, and potential victims on what worked, didn't work, and might have worked. And we can ask offenders what starts and stops the thinking and feeling process that culminates in the act of rape. Such findings, when they are obtained, can be utilized in planning and implementing of successful prevention programs.

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APPENDIX

I. SEXUAL ASSAULT

- A. Forcible and Attempted Sexual Assault
- B. Group Sexual Assault
- C. Homosexual Assault
- D. Sexual Assault in Institutions
- E. Sexual Assaults in Families: Marital Rape and Incest
- F. Sexual Assaults on Children
- G. Sexual Assaults of Lesser Degrees
- H. Demographic Characteristics of the Act
- I. Theoretical Perspectives: The Relationship Between Sex and Aggression
- J Victimology
- K. Rape Myths
- L. Publicized Cases of Sexual Assault

II. THE VICTIM

- A. Demographic and Personality Characteristics
- B. Effects of Sexual Assault
  - 1. Victim response
  - 2. Impact on family and significant others
- C. Counseling of Victim
  - 1. Crisis intervention
  - 2 Long-term counseling
  - 3. Family treatment
- D. Rape and Conception
- E. Experiental Reports
  - 1. Case study
- F. Child Victims

III. THE OFFENDER

- A. Demographic Characteristics
- B. Offender Profile
  - 1. Theoretical aspects
  - 2. Diagnosis of Offender
  - 3. Classification of and comparison with other types of offenders
  - 4. Youthful and geriatric sex offenders
  - 5. Psychological and psychiatric profile
  - 6. Families of offenders
- C. Treatment of Offender
  - 1. Medical treatment
  - 2. Psychotherapy
  - 3 Special programs
  - 4. General considerations for and evaluations of treatment

D. Post-Conviction Consequences
   1. Sentencing
   2. Imprisonment
   3. Probation and parole
   4. Recidivism and desistance
E. Case Histories

IV. MEDICAL ASPECTS

A. Medical Examination and Treatment Procedures
B. Emergency Management Procedures of Victims
C. Specialized Treatment Unit
D. Counseling with Medical Personnel
E. Technical Procedures for the Collection of Legal Evidence
F. Attitudes of Medical Personnel Toward Sexual Assault

V. CRIMINAL JUSTICE SYSTEM

A. Police
   1. Criminal investigations of sexual assaults
   2. Attitudes toward sexual assault
   3. Training of personnel
   4. Sex crimes units
   5. Special programs
B. Courts
   1. Court procedures in sexual assault cases
      a. The use of presentence reports
   2. Attitudes of judges, attorneys and juries
   3. Jury simulations and factors affecting judicial decisions
C. The Offender and the Criminal Justice System
D. Compensation Programs
E. Victim Litigation

VI. LEGAL ASPECTS

A. Sex Offense Statutes and Proposed Legislation
B. Sexual Psychopathy and Sexually Dangerous Statutes
C. Corroboration
D. Victim credibility
E. Evidence of Prior Sexual Conduct of the Victim
F. The Issues of Consent, Force, and Resistance
G. Cautionary Instructions
H. Constitutional Issues. Revised Statutes and Penalties
I. Defense Considerations
J. The Equal Rights Amendment and Its Implications for Sex Offense Statutes
K. Specific Cases

VII. SOCIETAL ASPECTS

A. Historical Perspectives
B. Cross Cultural Perspectives
C. Attitudes Toward Sexual Assault
D. The Relationship of Pornography and Other Social Factors to Sexual Assault
E. Views and Effects of the Women's Movement
F. Community Response
   1. Prevention
   2. Rape Crisis Centers and other victim service agencies
   3. Local and state governmental responses
   4. Federal and international governmental responses